DECLARATION AND POWER OF ATTORNEY

(NONPROVISIONAL APPLICATION)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

панк	s are listed at 201 of seq. och	ow, or are subject marie wine	AI 13 CI	inition and for wi	ion a patent is s	ought on t	110 111 40	antion charles
		ANCHORING MEANS FOI	R INT	ERVERTEBRA	L IMPLANTS			
	for which a patent application							
		des amendment(s) filed on (if						
(20)	was filed in the United Sta with amendment(s) filed on	tes on October 7, 2005 as Ap (if applicable)	pplicat	ion No. 10/552,6	75 (for declaration o	ot accompanyi	ng applicati	ion)
	was filed as PCT Internati	onal Application No. <u>PCT/C</u>	CH200	3/000240 on <u>Ap</u>	<u>ril 11, 2003</u> and	l was ame	nded u	inder PCT
I her the fi I her any a	iling date and application nun eby state that I have reviewed amendment referred to above		knowr of the	above identified	application, inc	luding the	claims,	, as amended by
	ilations,§1.56.	e information known to me to	oe ma	teriai to patemao	illy as defined	in Tide 37	, Coue	oi rederai
I her	eby claim foreign priority be ntor's certificate listed below	nefits under Title 35, United S and have also identified belov cation on which priority is cla	w any f					
	EARLIEST FOREIGN AI	PPLICATION(S), IF ANY, F	ILED I	RIOR TO THE	FILING DATE	OF THE	APPLIC	CATION
A	PPLICATION NUMBER	COUNTRY		DATE OF F (day, month		PRIORITY CLAIME		CLAIMED
						YES 🗆		№ □
						YES □		NO 🗆
I her	eby claim the benefit under T	itle 35, United States Code, §	119(e)	of any United S	tates provisiona	l applicati	on(s) lis	sted below.
	PROVISIONAL APP	LICATION NUMBER			FILIN	G DATE		
subjethe f	ect matter of each of the clain irst paragraph of Title 35, Un atentability as defined in Title	Title 35, United States Code, § ns of this application is not dited States Code §112, I acknow 37, Code of Federal Regulation of the contraction of the contraction of the code of the cod	sclosed owledgions, §	I in the prior Unit ge the duty to dis- I.56 which becam	ted States applic close information	cation in the on known	ne manr to me w	ner provided by which is material
	NON-PROVISIONAL	I FILINGIDATE		STATUS				
AP.	PLICATION SERIAL NO.		P	ATENTED PENDI		NG ABAN		BANDONED
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POWER OF ATTORNEY: As a named inventor, I hereby appoint the Practitioners of Customer Number 51832, whose address is Jones Day, 222 East 41st Street, New York, New York 10017, my attorneys, to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith.

SEND (TO:	CORRESPONDENCE	JONES DAY 222 East 41st Street, New PTO Customer No. 51832		DIRECT TELEPHONE CALLS TO: JONES DAY DOCKETING 212-901-9028			
are bel made a	ieved to be true; and	tements made herein of my own kn further that these statements were r e or imprisonment, or both, under S rdize the validity of the application	nade with the knowledge ection 1001 of Title 18 of	that willful false soft the United States	tatements and the	like so	
	FULL NAME OF INVENTOR	LAST NAME Baumgartner	FIRST NAME Daniel		MIDDLE NAME		
2	RESIDENCE & CITIZENSHIP	CITY Oensingen	State or foreign C Switzerland	OUNTRY	COUNTRY OF CITIZENS	НІР	
1	POST OFFICE ADDRESS	STREET Weingartenweg 52	CITY Oensingen		Switzerland	ZIP CODE CH-4702	
		SIGNATURE OF INVENTOR 201		_	DATE 9.8.0	V.	
	FULL NAME OF INVENTOR	LAST NAME ————————————————————————————————————	FIRST NAME Claude		MIDDLE NAME		
2 · 0 2	RESIDENCE & CITIZENSHIP	CITY Bettlach	STATE OR FOREIGN C	OUNTRY	COUNTRY OF CITIZENSHIP Switzerland		
2	POST OFFICE ADDRESS	STREET Aristonstrasse 3	Bettlach		Switzerland	ZIP CODE CH-254	
		SIGNATURE OF INVENTOR 202			DATE		
	FULL NAME OF INVENTOR	LAST NAME Burri	first name Adrian		MIDDLE NAME		
2 0 3	RESIDENCE & CITIZENSHIP	CITY Brig	STATE OR FOREIGN C Switzerland	COUNTRY	COUNTRY OF CITIZENSHIP Switzerland		
3	POST OFFICE ADDRESS	STREET Juonweg 1	Brig		Switzerland	CH-390	
		SIGNATURE OF INVENTOR 203			DATE		
	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME		MIDDLE NAME		
2 0 4	RESIDENCE & CITIZENSHIP	СІТУ	STATE OR FOREIGN (COUNTRY	COUNTRY OF CITIZENSHIP		
4	POST OFFICE ADDRESS	STREET	спу		STATE OR COUNTRY	ZIP CODE	

SIGNATURE OF INVENTOR 204

DATE

DECLARATION AND POWER OF ATTORNEY (NONPROVISIONAL APPLICATION)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am the originames are listed at 201	nal, first an et seq. belo	d sole inventor if only one now, of the subject matter whi	ame is l ch is cl	isted at 201 belo aimed and for w	w, or an origina hich a patent is	l, first and sought on	l joint in the inve	ventor if plura	al
		ANCHORING MEANS FO							
and for which a patent	application	:							
☐ is attached hereto	and includ	des amendment(s) filed on 6	fapplicable	:)					
was filed in the with amendment		tes on October 7, 2005 as A	pplica	tion No. 10/552,	675 (for declaration o	oot accompanyi	ng applicati	on)	
Article 19 on April 2,	2004	onal Application No. <u>PCT/</u>							
I hereby authorize and	request my	attorneys at Jones Day to in	sert her	ein parentheses (Application No		filed		
the filing date and appl I hereby state that I have any amendment referre	e reviewed	nber of said application when I and understand the contents	h knowi of the	n. above identified	application, inc	luding the	claims,	as amended b	у
I acknowledge the duty Regulations,§1.56.	to disclose	e information known to me to	be ma	terial to patentab	ility as defined	in Title 37	, Code	of Federal	
inventor's certificate lis	ted below	nefits under Title 35, United and have also identified belo cation on which priority is cl	w any f	Code, §119(a)-(d oreign application) of any foreign on for patent or i	applicatio nventor's	n(s) for certifica	patent or te having a	
EARLIEST FO	REIGN AF	PPLICATION(S), IF ANY, F	ILED I	PRIOR TO THE	FILING DATE	OF THE	APPLIC	CATION	
APPLICATION NUMBER COUNTRY (day, month, year) PRIORIT				ORITY	CLAIMED				
						YES 🗆		NO 🗆	
						YES 🗆		№ □	
I hereby claim the bene	fit under T	itle 35, United States Code,	§119(e)	of any United S	tates provisiona	l application	on(s) lis	ted below.	
PROVISIO	NAL APP	LICATION NUMBER			FILIN	G DATE			
subject matter of each of the first paragraph of T to patentability as defin	of the claim itle 35, Uni ied in Title	itle 35, United States Code, as of this application is not dited States Code §112, I ackr 37, Code of Federal Regulat T international filing date of	sclosed lowledgions, § l	l in the prior Unite the duty to dis	ted States applic	ation in th	e mann	er provided by	,
NON-PROVISION APPLICATION SERI				STATUS					
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NYJD-1631062v1 232232 - 999296 POWER OF ATTORNEY: As a named inventor, I hereby appoint the Practitioners of Customer Number 51832, whose address is Jones Day, 222 East 41st Street, New York, New York 10017, my attorneys, to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:	JONES DAY 222 East 41st Street, New York, NY 10017 PTO Customer No. 51832	DIRECT TELEPHONE CALLS TO: JONES DAY DOCKETING 212-901-9028
I heraby declare that all statemen	mta mada hansin of mu our branchadas and the substitution	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

tatements may jeopa	rdize the validity of the application or any	patent issuing thereon.			
FULL NAME OF INVENTOR	LAST NAME Baumgartner	FIRST NAME Daniel	MIDDLE NAME		
RESIDENCE & CITIZENSHIP	CITY Oensingen	STATE OR FOREIGN COUNTRY Switzerland	COUNTRY OF CITIZENSHIP Switzerland		
POST OFFICE ADDRESS	STREET Weingartenweg 52	Oensingen	State or country Switzerland	ZIP CODE CH-4702	
	SIGNATURE OF INVENTOR 201		DATE		
FULL NAME OF INVENTOR	LAST NAME Mathieu	FIRST NAME Claude	MIDDLE NAME		
RESIDENCE & CITIZENSHIP	Bettlach ZURICH	STATE OR FOREIGN COUNTRY Switzerland	COUNTRY OF CITIZENSHIP Switzerland LUXEH 3		
POST OFFICE ADDRESS	STREET FLOGSSERGASSE JO Aristonstrasse 3	Bettlach ZURICH	Switzerland	CH-2544 CH - 800 2	
	SIGNATURE OF INVENTOR 202		23.7.20		
FULL NAME OF INVENTOR	LASTNAME Burri	first name Adrian	MIDDLE NAME		
RESIDENCE & CITIZENSHIP	crry Brig	STATE OR FOREIGN COUNTRY Switzerland	COUNTRY OF CITIZENSHIP Switzerland		
POST OFFICE ADDRESS	STREET Juonweg 1	cπγ Brig	Switzerland	CH-3900	
	SIGNATURE OF INVENTOR 203		DATE		
FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME		
RESIDENCE & CITIZENSHIP	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
POST OFFICE ADDRESS	STREET	СІТУ	STATE OR COUNTRY	ZIP CODE	
	SIGNATURE OF INVENTOR 204		DATE	•	
	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	FULL NAME OF INVENTOR Baumgartner RESIDENCE & CITY CITIZENSHIP POST OFFICE ADDRESS SIGNATURE OF INVENTOR 201 FULL NAME OF INVENTOR RESIDENCE & CITY Bettlach POST OFFICE ADDRESS SIGNATURE OF INVENTOR 202 FULL NAME OF INVENTOR POST OFFICE ADDRESS SIGNATURE OF INVENTOR 202 FULL NAME OF INVENTOR RESIDENCE & CITY RESIDENCE & CITY Brig POST OFFICE ADDRESS SIGNATURE OF INVENTOR 203 STREET Juonweg 1 SIGNATURE OF INVENTOR 203 FULL NAME OF INVENTOR 205 STREET ST	OF INVENTOR RESIDENCE & CITY Oensingen POST OFFICE ADDRESS SIGNATURE OF INVENTOR 201 FULL NAME OF INVENTOR POST OFFICE ADDRESS SIGNATURE OF INVENTOR 201 FULL NAME OF INVENTOR 202 FULL NAME OF INVENTOR 203 FULL NAME OF INVENTOR 203	FULL NAME OF INVENTOR RESIDENCE & CITY Oensingen SWITZERIAN POST OFFICE ADDRESS FULL NAME OF INVENTOR 201 FULL NAME OF INVENTOR RESIDENCE & CITY Oensingen SIGNATURE OF INVENTOR 201 FULL NAME OF INVENTOR RESIDENCE & CITY OENSINGEN STREET FULL NAME OF INVENTOR RESIDENCE & CITY OSTREET FULL NAME OF INVENTOR RESIDENCE & CITY Aristonstrusse 3 SIGNATURE OF INVENTOR 202 FULL NAME OF INVENTOR FULL NAME OF INVENTOR STREET FULL NAME OF INVENTOR FULL NAME OF INVENTOR STREET FULL NAME OF INVENTOR Burri FULL NAME OF INVENTOR RESIDENCE & CITY STATE OR FOREIGN COUNTRY SWITZERIAND MIDDLE NAME OF INVENTOR FULL NAME OF INVENTOR Burri FULL NAME OF INVENTOR STREET CITY STATE OR FOREIGN COUNTRY SWITZERIAND SWITZERIAND MIDDLE NAME SWITZERIAND COUNTRY OF CITIZENS SWITZERIAND STREET CITY STATE OR FOREIGN COUNTRY SWITZERIAND MIDDLE NAME SWITZERIAND DATE FULL NAME OF INVENTOR FULL NAME OF INVENTOR STREET CITY STATE OR FOREIGN COUNTRY SWITZERIAND MIDDLE NAME FIRST NAME FIRST NAME FIRST NAME MIDDLE NAME MIDDLE NAME OF INVENTOR RESIDENCE & CITY STATE OR FOREIGN COUNTRY SWITZERIAND DATE FULL NAME OF INVENTOR FULL NAME OF INVENTOR FULL NAME OF INVENTOR STREET CITY STATE OR FOREIGN COUNTRY SWITZERIAND OATE FULL NAME OF INVENTOR STREET CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENS CITY STATE OR COUNTRY SWITZERIAND OATE TOWN OF CITIZENS STREET CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENS CITY STATE OR FOREIGN COUNTRY STATE OR COUNTRY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENS STREET CITY STATE OR FOREIGN COUNTRY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENS CITY STATE OR FOREIGN COUNTRY STATE OR FOREIGN COUNTRY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENS CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENS CITY STATE OR FOREIGN COUNTRY STATE OR FOREIGN COUN	

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A	NCHORING MEANS FOR	INTERVERTEBRA	L IMPLANTS		
and for which a patent application	:				
☐ is attached hereto and include	is attached hereto and includes amendment(s) filed on (if applicable)				
	was filed in the United States on October 7, 2005 as Application No. 10/552,675 (for declaration not accompanying application) with amendment(s) filed on (if applicable)				ion)
was filed as PCT Internation	onal Application No. <u>PCT/CF</u>	12003/000240 on <u>Ap</u> i	<u>ril 11, 2003</u> and	was amended u	ınder PCT
Article 19 on April 2, 2004					
I hereby authorize and request my			Application No.	filed	
the filing date and application num I hereby state that I have reviewed any amendment referred to above			application, incl	uding the claims	, as amended by
I acknowledge the duty to disclose Regulations,§1.56.	information known to me to b	e material to patentab	ility as defined i	n Title 37, Code	of Federal
I hereby claim foreign priority ber inventor's certificate listed below a filing date before that of the applic	and have also identified below	any foreign application			
EARLIEST FOREIGN AP	PLICATION(S), IF ANY, FIL			OF THE APPLI	CATION
APPLICATION NUMBER	COUNTRY	DATE OF F		PRIORITY	CLAIMED
				YES 🗆	ио 🗆
				YES 🗆	ио 🗆
I hereby claim the benefit under T	itle 35, United States Code, §1	19(e) of any United St	tates provisional	application(s) li	sted below.
PROVISIONAL APP	LICATION NUMBER		FILIN	G DATE	
I hereby claim the benefit under T subject matter of each of the claim the first paragraph of Title 35, Un to patentability as defined in Title application and the national or PC	ns of this application is not disc ited States Code §112, I acknow 37, Code of Federal Regulation	losed in the prior Unit wledge the duty to disc ns, §1.56 which becan	ted States applic close information	ation in the man	ner provided by which is material
NON-PROVISIONAL	FILING DATE		STATU	ıs	
APPLICATION SERIAL NO.	PLICATION SERIAL NO.		BANDONED		

POWER OF ATTORNEY: As a named inventor, I hereby appoint the Practitioners of Customer Number 51832, whose address is Jones Day, 222 East 41st Street, New York, New York 10017, my attorneys, to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith.

END CORRESPON O:	NDENCE	JONES DAY 222 East 41st Street, New Yorl PTO Customer No. 51832		IRECT TELEPHONE CAI JONES DAY DOCKETI 212-901-9028		
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FULL NAM	MIE	ast name Baumgartner	FIRST NAME Daniel	MIDDLE NAME		
RESIDENC	CE &	CITY Oensingen	STATE OR FOREIGN COUNTRY Switzerland	COUNTRY OF CITIZENS Switzerland	SHIP .	
POST OFF ADDRESS	FICE .	STREET Weingartenweg 52	CITY Oensingen	State or country Switzerland	ZIP CODE CH-4702	
<u> </u>	•	SIGNATURE OF INVENTOR 201	- 	DATE		
FULL NAM OF INVEN	ME	LAST NAME Mathieu	FIRST NAME Claude	MIDDLE NAME		
RESIDENO CITIZENS	CEAL	city Bettlach	STATE OR FOREIGN COUNTRY Switzerland	COUNTRY OF CITIZEN	COUNTRY OF CITIZENSHIP Switzerland	
POST OFF ADDRESS	FICE	street Aristonstrasse 3	Bettlach	STATE OR COUNTRY Switzerland	ZIP CODE CH-2544	
		SIGNATURE OF INVENTOR 202	_ I	DATE		
FULL NAI	IAIE	last name Burri	FIRST NAME Adrian	MIDDLE NAME		
RESIDENO CITIZENS	CEA	спү Brig	STATE OR FOREIGN COUNTRY Switzerland	COUNTRY OF CITIZEN Switzerland	COUNTRY OF CITIZENSHIP Switzerland	
POST OFF	FICE	street Juonweg 1 Höslistrasse 9	Brig Bubiko	STATE OR COUNTRY Switzerland	CH-3900	
		SIGNATURE OF INVENTOBADS		31.7.	2006	
FULL NA	1	LAST NAME	FIRST NAME	MIDDLE NAME		
RESIDEN	CEAL	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZEN	ISHIP :	
POST OFF	FICE	STREET	СПУ	STATE OR COUNTRY	ZIP CODE	
		SIGNATURE OF INVENTOR 204		DATE		